



City of San Antonio
Development Services
Subdivision Section

REQUEST FOR REVIEW

TO: _____ Date _____

FROM: _____

PHONE NUMBER: _____ FAX NUMBER # _____

ITEM NAME: _____ FILE # _____

RE: _____

SUBJECT: The attached item has been submitted for your review, recommendation, and or comment to the Planning Commission or Director. Please review and forward your response to the **CONSULTANT OF RECORD**. Return response as soon as possible, but no later than the date shown below. Response time will commence from the date of receipt of this request or receipt of all the items your agency requires for this review. "Days" represents work days.

Please Return By: _____, 200 _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Minor Plat-10 days | <input type="checkbox"/> Major Plat-50 days | <input type="checkbox"/> Amending Plats – 10 days |
| <input type="checkbox"/> Plat deferral-30 days | <input type="checkbox"/> Variance-15 days | <input type="checkbox"/> Other-15 days |

☐ I recommend approval

☐ I do not recommend approval

On _____, I notified _____, the engineer/
subdivider/agent, of the corrections needed to remove this objection. Tel # _____

Comments: _____

Signature

Title

Date